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FOR ACTION

RECOMMENDATION FOR FUNDING FOR A SHORT-DURATION COUNTRY PROGRAMME**

The Gambia

SUMMARY

The present document contains a recommendation for funding from general resources and supplementary funds for the country programme of the Gambia with a duration of two years to support activities that will lead to the preparation of a full-length country programme. The Executive Director recommends that the Executive Board approve the amount of $1,500,000 from general resources, subject to the availability of funds, and $2,460,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 1997 to 1998.

* E/ICEF/1996/18.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1995. They will be contained in the "Summary of 1996 recommendations for general resources and supplementary funding programmes" (E/ICEF/1996/P/L.43/Add.2).

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BASIC DATA
(1994 unless otherwise stated)

Child population (millions, 0-15 years)	0.5
U5MR (per 1,000 live births)	213
IMR (per 1,000 live births)	129
Underweight (% moderate and severe)	...
Maternal mortality rate (per 100,000 live births) (1990)	1,100
Literacy (% male/female) (1995)	53/25
Primary school enrolment (% net, male/female) (1992)	64/46
Primary school children reaching grade 5 (%) (1992)	87
Access to safe water (%)	48
Access to health services (%) (1993)	93
GNP per capita	$360

One-year-olds fully immunized against:

tuberculosis:	98 per cent
diphtheria/pertussis/tetanus:	90 per cent
measles:	87 per cent
poliomyelitis:	92 per cent

Pregnant women immunized against:

tetanus:	93 per cent

THE SITUATION OF CHILDREN AND WOMEN

1. A high annual population growth of 4.1 per cent limits progress in economic and social development in the Gambia. Nearly 60 per cent of the country's 1,025,067 inhabitants live below the absolute poverty line. About 38 per cent of the population live in urban and peri-urban areas. There was a military takeover in 1994 and a decrease in donor assistance. Election of a new Government is scheduled for the second half of 1996.

2. The under-five mortality rate (U5MR), which stood at 241 per 1,000 live births in 1989, was reduced to 213 in 1994, according to United Nations estimates, although the Government uses a different rate (137 per 1,000 live births). The primary health care (PHC) system is faced with challenges to sustainability and quality mainly because of weak capacity at divisional and district levels and inadequate community participation. The main causes of child deaths are malaria, diarrhoea and acute respiratory infections (ARI). Between 1 and 3 per cent of children under five years of age are moderately to severely malnourished, girls almost twice as often as boys. Breast-feeding is a common practice (98 per cent), but few mothers practise exclusive breast-feeding in the first 4-6 months.

3. The maternal mortality rate (MMR) is 1,100 per 100,000 live births. The main causes of maternal mortality are haemorrhage and infections. The low status of women reduces their access to health services, particularly emergency obstetric services, and limits their share of food consumption during pregnancy. The level of HIV2 infection stabilized at around 15 per cent in 1994, but an increasing rate of HIV1 infections has caused a sharp rise in the number of AIDS patients, 37 per cent of whom are female, with 5 per cent of children born of HIV-positive mothers.

4. It is estimated that in 1993, 92 per cent of urban and 67 per cent of the rural population had access to safe water supply, while 51 per cent of urban and 30 per cent of the rural population have access to excreta disposal systems. However, an assessment carried out by UNICEF in 1994 estimated safe water coverage at 48 per cent.

5. Women have low socio-economic status and control fewer assets and resources than men. Literacy, particularly among women, is low (25 per cent); girls' school enrolment rates are 18 per cent lower than for boys; and drop-out rates at grade six are high, especially among girls (14 per cent). The rapidly growing population is straining the capacity of the education system.

6. The Gambia ratified the Convention on the Rights of the Child in 1990 and the Convention on the Elimination of All Forms of Discrimination Against Women in 1993. A national programme of action (NPA) for the survival, protection and development of Gambian children was drawn up to implement the goals of the World Summit for Children.

PROGRAMME COOPERATION, 1992-1996

7. Programme cooperation for the period 1992-1996 aimed to reduce child and maternal mortality by revitalizing PHC services, increasing vaccination coverage, providing safe water supply and sanitation, and promoting basic education.

8. In 1994, about 74 per cent of the children were fully vaccinated (including against yellow fever) before their first birthday, against a target of 95 per cent coverage by the end of 1995. Major difficulties were the dependency on transport to outreach stations, the continuous need to mobilize the population and the somewhat vertical structure of the expanded programme on immunization (EPI), which hampered integration with programmes for the control of ARI, diarrhoeal diseases and tuberculosis and with health information systems.

9. Community co-management of basic health services has been achieved in 12 out of 35 rural health facilities and is under preparation in 10 others.

10. Three small-scale salt production sites received assistance. A urinary survey (1995) indicated that moderate to severe iodine deficiency exists in the entire country. Exclusive breast-feeding is being promoted through the Baby-Friendly Hospital Initiative, with 4 of the 15 facilities targeted becoming accredited.

11. The water and sanitation programme could not achieve the objectives of providing safe water supply to 75 per cent of the population and access to sanitary excreta disposal facilities for 20 per cent of the rural population. The sector suffered seriously from the lack of funding since donors reduced their support in the wake of changes in the Government in July 1994. The lack of institutional capacity and human resources, as well as of monitoring and an organized information system, were also major constraints.

12. In education, teaching and learning materials were developed, and in-service training was provided to teachers and trainers. Some 126 schools had school farms and gardens, benefiting 43,300 children. A primary school agricultural science syllabus was produced, along with a teachers' guide; an evaluation recommended a focus on the educational objectives of school farming and gardening. Extensive collaboration with a non-governmental organization

(NGO) facilitated the setting up of 100 literacy training centres by 1996. A total of 150 centres and 30 facilitators provide literacy skills to some 6,000 adult females.

13. Until the military take-over, the advocacy project was implemented with assistance from the Parliamentary-Media Task Force. Thereafter, the project on monitoring the goals helped to strengthen the planning and monitoring units in the different sectoral ministries.

Lessons learned

14. The Government's commitment to monitoring and improving the situation of children in the Gambia within the framework of the Convention on the Rights of Children needs to be translated into legislative acts and concrete action. A priority is to strengthen local administrative and community structures in policy formulation and implementation. Programme strategies for decentralization, community empowerment and local capacity-building related to divisional and municipal institutions need to be reinforced. Programme and project objectives should be more realistic and tailored to available resources of both the Government and UNICEF. Cost-sharing with families would increase resources and reinforce a sense of ownership of programmes and facilities. However, there is a need to ensure access to social services by the most disadvantaged groups. Also, programme implementation would benefit from greater collaboration with NGOs because of their focus on the grass-roots level and complementarity with the Government.

RECOMMENDED PROGRAMME COOPERATION 1997-1998

Estimated annual expenditure

(In thousands of United States dollars)

	1997	1998	Total
General resources			
Health	230	230	460
Water supply and sanitation	230	230	460
Education	180	180	360
Advocacy, monitoring and evaluation	41	35	76
Programme support	69	75	144
Subtotal	750	750	1 500
Supplementary funds			
Health	650	510	1 160
Water supply and sanitation	350	300	650
Education	300	250	550
Advocacy, monitoring and evaluation	50	50	100
Subtotal	1 350	1 110	2 460
Total	2 100	1 860	3 960

Preparation process

15. In light of the change in Government in July 1994 and the elections in the second half of 1996, the Government and UNICEF decided jointly that it would be appropriate to have a two-year, short-duration programme instead of a full, five-year cycle. The proposed country programme has been elaborated jointly by the Government and UNICEF, with the participation of United Nations agencies, a number of donors and NGOs that will be participating in its implementation. Information on its formulation was shared regularly with the donor community represented in Banjul through coordination meetings chaired by the United Nations Development Programme (UNDP).

Objectives and strategy

16. Within the frameworks of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women, the thrust of the proposed programme will be to contribute to the survival, protection and development of children and women in the Gambia and to the realization of the NPA goals. The objectives, by 1998, will be to: (a) contribute to reduction of U5MR to 175 per 1,000 live births, of the infant mortality rate to 100 per 1,000 live births and of MMR to 800 per 100,000 live births; (b) increase access to quality basic education to at least 70 per cent; (c) increase national coverage in water supply and sanitation to 80 per cent and 50 per cent, respectively; (d) increase awareness of issues relating to environmental degradation; and (e) contribute to the elimination of gender discrimination and the improvement of the status of women.

17. The mix and weight of strategies will focus on capacity-building, especially to support decentralized and community-managed social services. Collaboration with divisional and municipal administrative structures and NGOs will increase. A strategy to support service delivery will focus on geographical areas with the greatest needs. Priority activities will be covered in each programme and extended as supplementary funding becomes available.

Health

18. The objectives are to contribute to: (a) increasing the utilization of health services in the Greater Banjul area; (b) eradicating polio and neonatal tetanus; (c) reducing iodine, vitamin A and iron deficiencies; and (d) reducing child malnutrition. The strategy will be to increase the capacity of local community co-management committees, in line with the principles of the Bamako Initiative, especially with regard to safe motherhood, reproductive health, essential drugs, immunization, malaria control (impregnated bednets), the control of diarrhoeal diseases (promotion of oral rehydration therapy) and nutrition (promotion of exclusive breast-feeding). Whenever a new basic health service facility is opened, community co-management will be established immediately.

19. The programme will support the establishment of an urban health team, with the collaboration of the municipalities of Banjul and Kanifing. Community co-management will be established in basic health facilities. Efforts to improve the quality of life of children and youth, particularly those in urban and peri-urban areas, will focus on drug and alcohol abuse. Immunization activities will be strengthened as an integral part of the PHC system, focusing on community co-management. Another objective is to expand the coverage of the National AIDS Control Programme, in coordination with the Joint United Nations Programme on HIV/AIDS (UNAIDS), through the training of peer educators.

Water supply and sanitation

20. The programme will contribute to: (a) providing safe water to about 70 per cent and sanitation to about 45 per cent of all primary schools; (b) changing health and hygiene practices of rural communities and reducing the incidence of excreta-related diseases; and (c) addressing environmental degradation through increased awareness and activities based on the primary environmental care (PEC) concept. The primary school water and sanitation project will extend water supply installations and sanitary facilities to 20 primary schools. The pilot PEC project will use schools as entry points, expand to an additional 20 schools and reinforce environmental interventions through close collaboration with communities. The rural sanitation component will expand activities to more divisions and will include communication and education on hygiene practices, the provision of supplies for 3,000 latrines, the training of village masons and the establishment of 12 village sanitation centres.

21. Capacity-building will stress intersectoral collaboration and support to institutional development at the national level through the water and sanitation working group. Three administrative divisions will serve as pilot areas for rural sanitation. At the divisional level, decentralization of the working group will expedite implementation and monitoring and strengthen planning capacity at subnational levels.

Education

22. The objectives of this programme are to contribute to: (a) increasing access to and improving the quality and relevance of basic education, particularly for girls; (b) the standardization and improvement of the quality of special education and preschool institutions; and (c) improvements in monitoring and evaluation of formal and non-formal education programmes. Support to the school farms and gardens project will continue. Teachers' performances will be improved through the training of teachers and managers of educational institutions. Monitoring and evaluation will be reinforced. Support to administrative divisions will be extended from two to six divisions.

23. A non-formal, integrated literacy and skills training project for rural women and young girls will train 7,500 people through 50 new literacy centres, bringing the total to 200 centres. Collaboration with Catholic Relief Service will continue.

Advocacy, monitoring and evaluation

24. The objectives are to: (a) improve the information database for all government decision makers; (b) identify ways to improve cost-effective and sustainable strategies in the transition to the next stage of development; and (c) foster public awareness, discussions and support for children's and women's rights. The strategy will focus on capacity-building at national and divisional levels for the collection, analysis, dissemination and use of data in policy formulation and in monitoring progress towards the NPA goals. Planning, monitoring and evaluation systems will be strengthened with the participation of concerned government structures and NGOs.

25. The Conventions on the Rights of the Child and on the Elimination of All Forms of Discrimination Against Women will provide the overall framework for advocacy. Advocacy will build on positive experiences in forging partnerships for children, by consolidating relations with the media and producing and disseminating information on child-related issues.

Cooperation with other agencies

26. The proposed programme was developed in line with the NPA and the draft country strategy note, which allowed a more holistic and integrated approach to the emerging priority issues. Ongoing collaboration will be strengthened with the World Health Organization and the United Nations Population Fund for technical support in reproductive health and maternal and child health activities; with UNDP, the United Nations Educational, Scientific and Cultural Organization, Catholic Relief Services and the Peace Corps (United States) for education and for water and sanitation; with the World Food Programme for nutritional activities; with the World Bank and Save the Children (United Kingdom) for PHC and the Bamako Initiative; with the members of UNAIDS; and with the United States Agency for International Development for EPI.

Programme management

27. The Office of the Secretary-General of the Government of the Gambia will be responsible for overall coordination. Implementing ministries will designate officers at the national and divisional levels as focal points for cooperation with UNICEF.

TABLE

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : GAMBIA
PROGRAMME : 1997-1998

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET (In thousands of US dollars)				POSTS a/										STAFF COSTS b/ (In thousands of US dollars)		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
HEALTH	460			460	0	0	0	0	1	0	1	0	0	1	283.0	0.0	283.0
WATER SUPPLY AND SANITATION	460			460	0	0	0	0	1	0	1	0	0	1	283.0	0.0	283.0
EDUCATION	360			360	0	0	0	0	0	0	0	1	0	1	0.0	57.0	57.0
ADVOCACY,MONITORING AND EVALUATION	76			76	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
PROGRAMME SUPPORT	144			144	0	0	0	0	0	0	0	0	5	5	0.0	116.2	116.2
TOTAL GR	1,500			1,500	0	0	0	0	2	0	2	1	5	8	566.0	173.2	739.2
SUPPLEMENTARY FUNDING :																	
HEALTH		246	1,160	1,406	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
WATER SUPPLY AND SANITATION		0	650	650	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
EDUCATION		0	550	550	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
ADVOCACY,MONITORING AND EVALUATION		0	100	100	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
PROGRAMME SUPPORT		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
TOTAL SF		246	2,460	2,706	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
TOTAL GR & SF	1,500	246	2,460	4,206	0	0	0	0	2	0	2	1	5	8	566.0	173.2	739.2
ADM. & PROGRAMME SUPPORT BUDGET	Operating costs			243.8													
	Staffing				0	0	0	1	1	0	2	0	4	6	594.4	136.6	731.0
GRAND TOTAL (GR+SF+ADM)					0	0	0	1	3	0	4	1	9	14	1,160.4	309.8	1,470.2
Number of posts and staff costs:																	
Current programme cycle											4	1	9	14			
At the end of proposed programme cycle (indicative only)											4	1	9	14	1,160.4	309.8	1,470.2

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
ADM = administrative.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Exclude temporary assistance and overtime; include costs of United Nations volunteers.